Name of Project	
Project Number	

Note: The work will <u>not</u> be Approved until all required inspection fees are paid.

COMPLETED IMPROVEMENT Department of Code Enforcement

STORMWATER DRAINAGE SYSTEM PROJECT DEVELOPER'S AFFIDAVIT AND INSPECTING ENGINEER'S CERTIFICATE OF COMPLETION AND COMPLIANCE

STATE OF INDIANA)	
) SS: COUNTY OF MARION)	
I,	
Therefore, I herewith report the completion of:	
FROM:	
TO:	
BY:	
as per plans and specifications, and as authorized by said contract and recommended its approval.	
Developer affirms no unauthorized alterations of this document have taken place.	
DEVELOPER: Name of Company	
BY:	
Printed Name	

Subscribed and sworn to before me, the under	ersigned, a Notary Public in and for said
County and State, on the day of	, 20
County of Residence	Signature
Commission Expiration Date	Printed Name
STATE OF INDIANA)) SS:	
COUNTY OF MARION)	
Marion County; that I or my authorized agaccomplished pursuant to the above-refere construction has been performed and complete.	("INSPECTING ENGINEER"), on my oath state: That I am is set forth in Chapter 561 of the Code of Indianapolis and gent has personally observed and inspected the construction enced contract; and that to the best of my knowledge, such leted in conformity with all requirements of Chapter 561, the a specifications for stormwater drainage system construction,
INSPECTION E	Name of Company
	BY: Signature of Officer and Title
	Printed Name
Indiana Registration No.	
Subscribed and sworn to before me,	the undersigned, a Notary Public in and for said
County and State, on the day of	, 20
County of Residence	Signature
Commission Expiration Date	Printed Name

RECOMMENDED FOR APPROVAL:		
(Signat	cure)(Print)	
Project Manager, Department of Code Enforcement		
APPROVED AS TO LEGAL FORM:		
Assistant Corporation Counsel Office of Corporation Counsel	re)(Print)	
CITY OF INDIANAPOLIS:		
Jason Larrison, Director Department of Code Enforcement		
STATE OF INDIANA)) SS: COUNTY OF MARION)		
appeared Jason Larrison, who acknowledged	tary Public in and for said County and State, personally the execution of the foregoing to be a voluntary act and ned. I have here unto subscribed my name and affixed my, 20	
COUNTY OF RESIDENCE	NOTARY PUBLIC SIGNATURE	
COMMISSION EXPIRATION DATE	PRINTED NAME	

This instrument was prepared by Justin Paicely of the Office of Corporation Counsel, 200 E. Washington Street, Suite 1601, Indianapolis, Indiana 46204.

I affirm ,under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Ellen Hurley , Assistant Corporation Counsel 2-10-16